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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\**An*

This appn claims benefit of 60/408,806 09/06/2002

\*\* FOREIGN APPLICATIONS \*\*\*\*\**none An*IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY ..  
\*\* 12/13/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 8	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verifier and Acknowledged <i>Oliver M. Wenzel</i> Examiner's Signature Initials				

## ADDRESS

04743

## TITLE

METHOD AND APPARATUS FOR QUANTITATIVE ANALYSIS

FILING FEE RECEIVED 593	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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